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ABSTRACT

The manual examines ways in which nonprofessional group home health care workers can enhance the communication and interaction skills of developmentally disabled clients. The communication process is explored in terms of information exchange, both verbal and nonverbal. Examples of vocal, nonvocal, and echolalic speech are offered and suggestions made for observing and keeping data on communication. General strategies in learning to communicate are noted as are special problems (such as dealing with clients' repetitive questions). The manual concludes with lists of reference materials on sign/signal systems and communication board picture materials. (CL)

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Recognizing and Enhancing the Communication Skills of Your Group Home Clients

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Preface

Much has been written about developing communication skills for the young handicapped child. That child, however, does grow up and may then be a communication handicapped adult. Since group homes are increasingly becoming an alternative placement to the family residence for the developmentally disabled individual during the post-elementary years, it is important for the new "significant others" in that individual's life to help him or her continue to develop communication/interaction skills.

This publication represents a first step toward acquainting the non-professional health care worker with information about the communication skills of their group home clients. While this paper consistently addresses the group home workers in a personal manner, the content is applicable to the professional staff within the group home as well as being applicable for individuals working within other institutional or educational settings. Since the paper represents only an overview of some best practices that are appropriate for working with handicapped clients, it is hoped that this publication may provide the basis for inservice training by the speech-language pathologists who serve those facilities.

RECOGNIZING AND ENHANCING THE COMMUNICATION SKILLS OF YOUR GROUP HOME CLIENTS

By Beverly Vicker

Communication handicaps of the developmentally disabled clients within a group home or residential setting may vary tremendously. Regardless of the variations in communication ability of the clients, however, interaction between you, the staff worker, and each client will need to occur. That interaction will be more effective if you and other staff members know how to respond to each client and how to facilitate the communication interchange. This paper will explore the nature of that communication interchange. Additional information on this topic should also be available from the speech-language pathologist who provides daytime programming for your group home clients.

Learning About Each Client

The Communication Process

This stage begins with learning more about the communication process in general. Communication consists of an interchange of information between two or more individuals. The exchange usually serves one of the following purposes:

1. Requesting of an object, action, permission, etc.
2. Refusal, rejection, protesting, or avoidance behavior
3. Commenting behavior (e.g., "It's hot today")
4. Seeking information
5. Giving information
6. Social interchange (e.g., "hi")

Table 1. Methods of Communication

Verbal Methods of Communication	
Spontaneous Communication	Echolalic Speech (may at times be self-stimulative behavior)
Vocal speech (spoken communication) nonvocal communication (written communication, communication boards, sign language)	immediate echolalia delayed echolalia

Non-verbal Methods of Communication		
Facial Movement	Actions	Vocalizations
grimace, eye gaze, smile, etc.	hitting, biting self, walking away, pointing, etc.	scream, grunt, etc.

These functions might be expressed by one or more means or methods of communication by any given client. In Table 1, two methods of communication have been identified, a verbal and a nonverbal method.

Verbal communication involves the use or the attempt to use language based words or conventional symbols to convey a message. In this country, most people use English either in written or vocal form as a means of communication. A person who uses sign language that is representative of a local geographic area is also using verbal or symbol based communication although a nonvocal or nonspeaking means is used to convey the message. Echolalia involves the repetition of sentences, phrases, commercials or songs that a person has heard. Some communication handicapped clients may use an echolalic strategy in an attempt to use "words" and oral speech to communicate with you. The use of echolalic speech may actually represent a transitional state between verbal and nonverbal behavior. In Table 1, however, because you will hear the client use "words", echolalia has been classified as a special division of verbal communication.

Nonverbal communication is just the opposite; it is not based upon any formal language systems. It involves body language and vocalizations that may be interpreted by the listener in a given situation. Nonverbal communication is usually understood within a limited context or setting.

As you will observe, many clients will use one or both means of communication, i.e., verbal and nonverbal communication. The examples found in Table 2 will clarify the various parameters of nonverbal and verbal communication as well as the concept of function or purpose of communication which was listed at the beginning of this section.

Table 2. Examples of Methods of Communication

A. Use of a verbal means

1. Spontaneous communication - vocal speech

a. One word utterance

The client looks at a leaf on the ground and comments, "tree". His comment could mean that he's labeling what he sees (he calls it "tree" because he frequently uses words that refer to a whole object instead of the name for the specific part). He could also be referring to the fact that the leaf fell off of the tree.

b. Two word utterance

The client says, "Bob ball." Bob is the staff person he is talking to. He is requesting that Bob play ball with him.

c. One word question

The client looks at the clock but he can't tell time accurately. He tugs at the staff person's sleeve and says, "Basketball?" with a rising inflectional pattern. He is asking for information; he wants to know if it is time to see basketball on TV.

2. Spontaneous communication - nonvocal communication

a. Use of written communication

The staff member asks the client what he would like to do that night. The client writes "play Pacman" on a piece of paper. The client has given some information to the staff member.

b. Use of a picture on a communication board

The client wants to know where Joe is. He goes to the wall where the photos of staff are mounted on a chart. He tugs at one of the staff and points to Joe's picture. He has made a request for information.

c. Use of sign language

The client has eaten all of his meatloaf and signs "more" (two hands facing each other in front of the speaker and fingers tapped together). He has made a request for an object, i.e., "more meatloaf".

3. Echolalic speech

There are two major types of echolalia and one form that is somewhat in between echolalia and spontaneous speech. Immediate echolalia refers to the immediate repetition of something that was just said or heard, such as a sentence, a conversation, or a song. Delayed echolalia refers to repetition of something that was heard perhaps 15-20 minutes ago, the previous day or at some previous point in time, including weeks, months, or years ago. Echolalia serves a communicative function when it is interactive, that is, when it is directed toward another individual. Echolalia also can serve a function when the individual directs it only to himself. Sometimes however, echolalia is used in a non-focused or self-stimulatory manner.

a. Immediate Echolalia - Interactive

The staff member asks the client, "Do you want some juice?" The client responds back to the staff member, "Do you want some juice?", while reaching for a glass. The echolalia in this case was used to indicate "yes" and provides affirmative information for the staff member.

b. Immediate Echolalia - Non-interactive (i.e., directed toward self)

The staff member says, "Take this to Sara." The client repeats, "Take this to Sara" several times as he walks toward her. In this case, the client has used echolalia to help him remember what he needs to do.

c. Delayed Echolalia - Interactive

The client walks up to the staff member and says, "Do you want juice?" meaning he wants juice, i.e., a request. Since he doesn't know how to ask using spontaneous speech, he is using something he heard previously when he got juice in order to get it again.

d. Delayed Echolalia - Non-interactive

This type of echolalia may or may not serve a purpose for the client. For example, the repetition of a rule such as "Wash your hands before you eat" could serve as a way of helping the client remember what he should do in a specific situation or to remind himself of the next step in a routine. The singing of songs or repetition of TV commercials, however, may be a form of self-stimulation that keeps a client off task.

e. Mitigated Echolalia - Interactive

This form combines spontaneous speech and echolalia. Most of the sentence is echoed but the speaker appropriately changes a few words.

The adult says, "Do you want to watch TV now?" The client responds, "I want to watch TV now." The client may typically use 2 word sentences in his own spontaneous speech, so sentence length is a cue that much of the sentence is rote learned with a few word slots where he can change vocabulary. In the example, however, the client was giving information to the staff member.

B. Use of a Nonverbal Means

1. Facial movement - the use of directed eye gaze

   The client looks at an object that you know is his favorite. He may be requesting permission to have the object by this primitive means of communication.

2. Action - the use of self-injurious behavior

   The client is told that he cannot have another cookie for dessert. He begins to bite his arm and scream. He is expressing his rejection of your prohibition by a possibly dangerous form of non-compliance.

3. Action - the use of spitting

   The client is asked to set the table. He spits at you. He is expressing his refusal to do the task.

4. Vocalization - the use of screaming.

   The client is directed to go wash his hands. His screams reflect his refusal to comply.

Learning About Each Client

The Observation Process, Stage 1

With the above examples of communication from Table 2 in mind, the next step then becomes the direct observation process. It is important to observe how each group home client communicates, and then proceed to respond, i.e., reinforce the client's present efforts to communicate with you or with another staff member. Initially you will find it easier to observe when you are free from direct service duties since you can then focus on the subtleties of what might be transpiring within an interaction situation.

Once you are able to identify and respond to the client's current attempts to communicate, you can begin to look for ways to help him become a more effective communicator. This step again involves direct observation. You will try to identify things that the client seems to want to communicate. In many instances, you may note that he is ineffective because he doesn't know how to communicate his intentions or that he uses a form of communication that is unacceptable or misinterpreted by staff. The following examples will illustrate this as well as suggest solutions to the problem.

Situation #1: The client has difficulty formulating or articulating his ideas.

The client wants some corn chips and begins rummaging through the cupboard that contains snacks; there aren't any. The staff member asks what he wants. The client is unable to tell because he can't remember the word, or perhaps can't pronounce it.

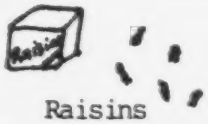
Solution #1: Keep track of the things the client has trouble expressing. A sheet on the refrigerator could be used to keep a tally. Then decide if you wish to teach the client a manual sign to signal what he wants, or you may choose to use a chart of food words or pictures that he could point to. There is no sign for corn chips, so in this instance it would be better to use a colored picture system such as is found in Table 3.

Situation #2: The client uses an unacceptable means of communication.

Client A is asked by a staff member to load the dishwasher. The client explodes and starts breaking dishes. The staff member realizes belatedly that it was not client A's turn to do the dishes.

Solution #2: Client A frequently explodes as a way of expressing refusal. He could be taught under less volatile circumstances to express "no", i.e., refusal by using a manual sign, by learning to shake his head no, or to verbally say, "no," if he's capable of it. The staff may also wish to be alert to other signs that his agitation level is building; this may be signaled by increase pacing, intense rocking movements, etc. The client could subsequently be verbally cued to use the sign, gesture, or verbal speech, when appropriate, before a peaking of agitation occurs.

Table 3. Food Communication Chart

SNACK FOODS	
Corn Chips	 Raisins
Popsicle	Ice Cream
Pretzels	Banana

Learning About Each Client

The Observation Process - Stage 2

The final step in the observation cycle is to observe and perhaps keep data on how often the client communicates through whatever means he uses. Spontaneous communication may increase if (a) his attempts at communication are recognized and reinforced, (b) he is encouraged to engage in casual conversation, and (c) the communication serves a purpose. These latter two points will be elaborated upon in the subsequent section.

Learning How to Communicate With the Clients

General Strategies

The basic "rule of thumb" to help you to communicate with your client is to know your client and his communication abilities, then communicate with him at whatever level is consistent with his language comprehension skills. Thus if an adult has the comprehension abilities of a 2-3 year old, regular adult directed conversational speech would probably exceed his processing capabilities. When your message is not understood, your client may do one of a variety of possible things: ignore you, guess what you said and do something that he typically does in that situation, scream, bite himself, walk away, etc. Telling you that he has not understood your message is usually a strategy that is not part of his repertoire.

Even if the client is high functioning, the use of a normal rate of conversational speech and the use of normal conversational sentence length can be inappropriate for some client's comprehension abilities. As a staff member you may need to, a) monitor your vocabulary, b) recognize some limitations in the experiential background of the client, and/or c) monitor the abstraction level and the use of idiomatic speech within the conversation. (Examples of idiomatic speech include, "Shake a leg." "I'm feeling blue today." "You drive me up a wall."). Observation of the client's behavior and responses will provide feedback for you about a mismatch between your message and his comprehension abilities.

With the lower functioning individual, however, or any individual with a severe language comprehension problem, some other considerations are important. These include the following:

1. Get the client's attention before you begin to talk to him.

2. Use a slow rate of speech. Allow time between your sentences to assist the client in processing your message.

3. Use short sentences, possibly 2-4 words each. Some clients may only respond to the key word used in the sentence or to the last word they hear. Observe to see which strategies each client uses habitually.

4. Monitor your choice of words so that you use vocabulary that the client knows and understands.

5. Repeat or restate your message as needed to help the client process the message.

6. Use visual input to help the client understand your oral speech. Use sign language, gestures, pointing to pictures, demonstration, etc., to help the client understand the message.

Learning How to Communicate With the Client

Special Problems

Even though a client may be an adult, he is still learning new language skills within his daily environment. If a client should know how to seek information, make comments, etc., in addition to making requests, providing information (i.e., answering your questions), and expressing refusal/protest, then he needs to experience examples of all of these types of communicative behavior. Too often adults primarily resort to questioning behavior. Casual conversation that includes commenting is also important since it reduces the persistent demands upon the client to answer a series of questions that may inhibit spontaneity. (Review list of communication functions in the early part of this paper if needed.) Table 4 is an example of how to gather data about the communication performance of staff, and to monitor if staff questioning behavior is excessive.

Table 4. Function of Adult Initiated Communication

1.	Request ||||| ||||| ||
2.	Refusal/Protesting ||||| ||||| |||||
3.	Comment |||
4.	Seeking Information, (i.e., asking questions) ||||| ||||| ||||| ||||| ||||| |||
5.	Giving Information ||||| ||
6.	Social ||||| |||

It is often surprising to find out how often people do ask questions. When adults don't know what else to say in a social situation, they may ask questions as a way of keeping the conversation going and as a way of looking for a new common topic of conversation. This strategy works only if the other individual knows his role and cooperates, i.e. he either engages in elaborate responding to the questions or he asks questions in return. Many communication handicapped individuals may not engage in either behavior but will simply give a limited response to the question. They do not realize that conversation consists of a series of reciprocal responses. If the group home staff uses commenting about events along with purposeful questioning, this may help some clients develop an awareness that conversation involves more than singular responses to isolated questions.

Other clients may never have learned or they may still be in the early stages of learning that communication serves a purpose. These clients need to learn that communication involves an exchange of information. If the staff asks questions that serve no communicative

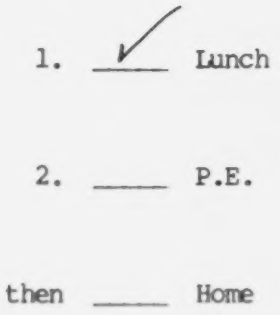
purpose but are merely used to elicit a vocal response from the client, the staff's efforts may be self-defeating. For example, if a staff member asks a client, "What did you have for supper?", it serves no communicative function if the staff member already knows the answer. If that staff member sat at the supper table and the client knows that the staff member was there, no real communication has taken place. If "supper" is an appropriate topic for discussion, commenting behavior from the staff member might serve as a better model of communication or interaction. Instead, imagine the staff member saying, "Those green beans were delicious. Joe was funny tonight; he made a mustache with that long green bean." The client then smiled, and said, "Funny Joe." The interchange that took place in the latter situation was more natural than the attempt to elicit direct recall in a rote fashion by a series of questions.

Increasing the frequency of communication exchanges with clients is often a primary staff goal. The highly verbal client, however, who asks incessant repetitive questions can represent a special challenge for the group home staff. Dealing with this situation involves a balancing act between encouraging purposeful communication and retaining staff sanity. The first step in dealing with the problem involves observation. If you have some idea of why or how the client is using the repetitive questions, it will help you decide what strategy might be appropriate for a specific situation. Table 5 lists some strategies that might be helpful.

Table 5. Strategies for Client Repetitive Questions

1. If the questions are that client's way of initiating a conversation, help him shift to another topic. Another option with higher functioning clients could be the use of a contingency. "Do (or "let's talk about") X first, then (pause) I'll answer your question."

2. Use a visual aid to help the client remember the answer you have given him. He can refer to this on his own (if he can read or identify pictures) and get the reassurance or information he needs. Adult cueing may be needed to encourage him to use the aid. This method is particularly helpful for time interval situations.



3. Respond to the question each time asked, if this seems an appropriate strategy for that client. This is especially appropriate when you know he is very anxious or upset and needs reassurance about a new or difficult situation.

4. Respond to the question for X number of times and then turn the question around so that the client must answer it. For example, he now must answer, "When will David go home?" This strategy works only if the client does indeed know the answer to the question or can be cued to accurately recall it.

5. Respond to the question for X number of times and then, a) ignore further repetitions of the same question, or b) say, "I already answered that," and then ignore further questions or repeat your response again.

Summary

As a group home worker, you will encounter clients with a variety of communication abilities and disabilities. You will observe some clients who have oral speech that is easy to understand; others will be hard to understand even after you've become very familiar with their speech patterns. Some clients will only be able to communicate if they use signs, gestures, or written format; while others may only be able to communicate by pointing to pictures or to words on a communication card. You may find that some clients will rarely communicate in any fashion; others may talk incessantly to themselves, to any stranger, and to staff. Conversely, in terms of comprehension, some individuals may understand very little of what you say, while others may only have difficulty if your sentence structure was too complex, if the vocabulary was unfamiliar or if you talked too fast. One of the purposes of this paper has been to emphasize that all clients in a group home have some means of communication, but some clients have more conventional ways of communicating or more efficient means of conveying a message than others.

It has been shown that it is incumbent upon the group home staff to recognize all the communicative behaviors of each client and to acknowledge that each client's message has been understood. When a means of expression is inefficient, then new means can be taught as equivalent to, or as more efficient than the old means of communication that the client is using. If the services of a speech-language pathologist are not available to help the staff, then the group home employees will need to use their ability to make

observations and to keep data to help themselves understand their clients. Just as the clients might need to learn new behaviors, so might the staff. Hopefully this paper has provided some suggestions and information that will facilitate communication interchanges between clients and the group home staff.

Selected References and Resource Materials:

I. Reference Materials

II. Sign/Signal System Reference Materials

III. Communication Board Picture Materials

I. Selected Reference Materials *

Bottorf, Lucinda and De Pape, Donna (1982) "Initiating Communication Systems for Severely Speech Impaired Persons", Topics in Language Disorders, 2, 55-71.

Bottorf and De Pape's article focuses on various considerations such as vocabulary selection and physical display of pictured or printed word communication materials; the primary emphasis throughout the article, however, is the consideration for building client interaction skills.

Donnellan, Anne M. et al. (1984) "Analyzing the Communicative Functions of Aberrant Behavior". Journal of the Association for Persons with Severe Handicaps, 9, 201-212.

This article discusses the need to consider the communicative behaviors of a client, both verbal and nonverbal behavior, when designing individualized behavior management plans.

Mirenda, Pat (1985) "Designing Pictorial Communication Systems for Physically Able-Bodied Students with Severe Handicaps". Augmentative and Alternative Communication, 1, 58-64.

Mirenda reviews the various factors that should be considered in developing a pictorial communication system for ambulatory clients.

Nietupski, John and Hamre-Nietupski, Susan (1979) "Teaching Auxillary Communication Skills to Severely Handicapped Students". AAESPH Review, 4, 107-124.

This article contains a readable discussion of preliminary factors to consider when either sign language or communication card or board systems may be used with selective clients. Some equipment and references to specific communication systems are dated, however.

Prizant, Barry M. (1983) "Language Acquisition and Communicative Behavior in Autism: Toward an Understanding of the 'Whole' of it". Journal of Speech and Hearing Disorders, 48, 296-307.

Detailed examples of the various functional uses of immediate and delayed echolalia are contained in this article.

Vanderheiden, Gregg C. (1984) "High and Low Technology Approaches in the Development of Communication Systems for Severely Physically Handicapped Persons", Exceptional Education Quarterly, 4, 40-56.

Among other things, this article, reviews the advantages/disadvantages of electronic and non-electronic communication equipment. (Table #3 in this "Recognizing and Enhancing the Communication Skills of your Group Home Clients" publication is an example of a simple non-electronic communication device.)

Wood, Barbara J. (1981) Children and Communication: Verbal and Nonverbal Language. Englewood Cliffs, NJ: Prentice Hall.

Part III of the book focuses on nonverbal development and provides an introduction to conventional nonverbal behavior.

* The above material should be available through the interlibrary loan system of your local public library. For additional information, or if you are unable to obtain the materials through the local public library system, please call or write to: Librarian, Indiana University Developmental Training Center, 2853 East Tenth Street, Bloomington, Indiana 47405. Phone (812) 335-6508.

Dunn, Marsha Lee (1982) Pre-sign Language Motor Skills. Tuscon, AZ: Communication Skill Builders.

This book helps evaluate hand skills for signs and builds awareness of the complexity of various signs.

Bornstein, Harry and Jordan, I.K. (1983) Functional Signs: A New Approach from Simple to Complex. Baltimore, MD: University Park Press.

Bornstein and Jordan show how to progressively simplify functional signs for new learners.

Bornstein, H. et al. (1983) Comprehensive Signed English Dictionary. Washington, D.C.: Gallaudet College Press.

This book is the most complete collection of signed English that is available; it combines previously separate publications into one resource material. The book contains over 3,000 signs.

Bornstein, Harry and Saulnier, Karen L. (1984) The Signed English Starter. Washington, D.C.: Gallaudet College Press.

This paperback book consists of approximately 900 basic English signs. The signs are presented topically rather than in dictionary format.

Riekehof, Lottie L. (1978) The Joy of Signing. Springfield, MO: Gospel Publishing House.

Riekehof's book contains approximately 1800 words found in American Sign Language. The book is divided topically and is a good resource when A.S.L. is preferred over signed English.

Skelly, Madge (1979) Amer-Ind Gestural Code Based on Universal American Indian Hand Talk. Elsevier, NY.

This book shows approximately 250 hand signals that are close to natural gestures. Many of the hand signs may be easier to produce and may be more easily understood than the formal signs found in the other reference books.

III. Communication Board Pictures Materials

1. "Communication Board Pictures"

   Available from: Speech/Language Pathology Department
   The Capper Foundation
   3500 West 10th Street
   Topeka, Kansas 66604

   Basic Picture Set: Includes 2300 pictures sized 1 1/4" x 1 1/4" including people, verbs, concepts, weather, colors, sports, shapes, food, classroom items, toys, clothing, months, holidays, phrases:

   Cost: $17 + $3 postage and handling

   Special Picture Set: Includes approximately 1300 pictures with a variety of categories:

   a. 900 pictures, sized 3/4" x 3/4" for use with boards and devices such as the Vois and Express

   b. 400 pictures, sized 2" x 2"

   Cost: $8 + $3 postage and handling

2. The Picture Communication Symbols, Books I and II by Roxanna M. Johnson.

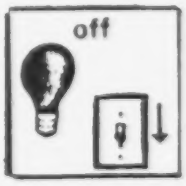
Available from: Mayer-Johnson Company
P.O. Box AD
Solana Beach, CA 92075-0838

Book I: This looseleaf notebook contains pictures of two different sizes for the same words. The book includes symbols for over 700 words, 2" x 2" and 1" x 1". The categories included are social, verbs, people, nouns (food, clothing, etc.), descriptive (sick, smooth, etc.), and miscellaneous (wh words, spacial, etc.).

Cost: $45 + 10% for shipping and handling

Book II: This looseleaf notebook supplements Book I. It also contains 2" x 2" and 1" x 1" pictures which represent 1100 words, symbols or phrases. This set contains words for fast food restaurants (including some logos), workshop, religion, sexuality, gardening, computers, cleaning, leisure, holidays, school, phrases such as "please repeat", and varying representations for words such as "more", "please", and "sorry". Blank sample grids are also included.

Cost: $49 + 10% for shipping and handling



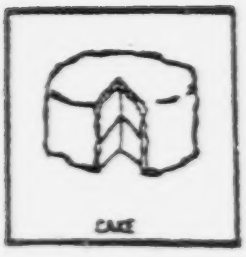
Other materials such as communication board folders, grids and a Life Experiences Communication Kit are available from the same company.

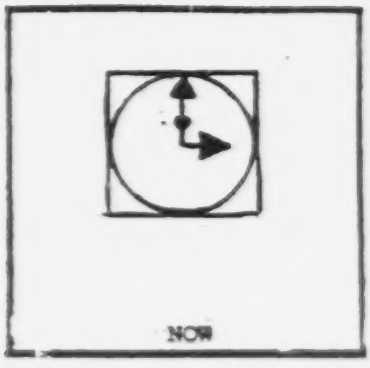
3. Picsyms Categorized Dictionary, by Faith Carlson.

Available from: Baggebota Press
1128 Rhode Island
Lawrence, KS 66044

The dictionary contains over 800 symbol words and three different size symbols. The dictionary provides directions on how to produce the symbols and how to create new ones.

Cost: Per author, contact the publisher for current price information.





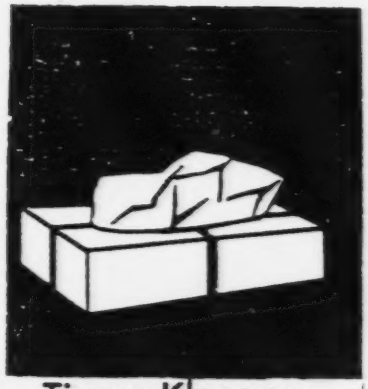
4. "Pictogram Ideogram Communication (PIC Symbols)", by Subhas C. Maharaj.

Available in the United States from:

Don Johnston Developmental Equipment
981 Winnetka Terrace
Lake Zurich, Illinois 60047

The complete set of materials includes a screening/assessment and training manual and various data collection forms. The PIC Symbols are mounted on individual 2" x 2" cards. A box of PIC Symbols include the following categories: household items, personal items, location words, actions, fruits and vegetables, etc. The set contains 400 symbols.

Cost: Contact the distributor for current price information
(312) 438-3476



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